

**Atlantic Wheelwright Ind., Inc.**

3822 Roswell Rd NE  
Marietta, GA 30062  
770-509-7587

**INVOICE**

DATE

INVOICE #

11/10/99

91093

**BILL TO:**

Barbare Dick  
770-621-0940

P.O. NUMBER

TERMS

PROJECT

Retail

11/8/99

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	15 in -Mazda		0.00
1	Diagnosed for Repair	0.00	
1	Repair metal damage - (only) true / weld / lathe / machine	100.00	100.00
0	Refinish plus machine-work	105.00	0.00
0	Repair & refinish - Whole Wheel All metal-work and finish-work	175.00	
0	Additional Metalwork &/or Finishwork	35.00	
0	NEXT DAY SERVICE	30.00	
1	Tirework	15.00	15.00
1		0.00	
1		0.00	
<i>PP CR# 1681</i>			
<b>00-R-1738</b>			
Thank you for your business.			<b>TOTAL \$115.00</b>

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0794

Date: 10/19/00

Claimant /Victim BARBARA N. DICK

BY: (Atty) \_\_\_\_\_

Address: 1585 Springbrook Drive, Decatur, Georgia 30033

Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ \_\_\_\_\_

Date of Notice: 11/15/99 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/31/99 Place: Bankhead Highway and North Grand

Department \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleged that she sustained damage to her vehicle when she hit an unsecured construction cut on Roxboro Road, near Rockhaven Circle. An investigation determined that United Water Services Atlanta performed work at the incident location. The original claim was sent to United Water Services Atlanta for resolution, and claimant was paid on September 8, 2000 by check in the amount of \$115.00.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 10-20-00

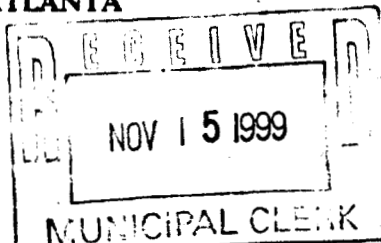
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11/12/99

Dear Municipal Clerk:



ENTERED 11-15-99 05:56 OUT  
99L0794 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 115 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 10 31 99 2. Time of Incident: 9 8pm 3. Police called: Yes ☒ No
4. Location of incident (including street address): Roxboro Rd south of Peachtree <sup>before</sup> between Rockhaven Cir.
5. Name of your insurance company: STATE FARM (No collision) Policy No. P369106-C22-11
6. State what and how incident occurred: Driving down Roxboro at night there was road work with a plate supposedly covering the hole. The plate did not cover the entire hole and my <sup>I have</sup> rear tire fell into it, and went flat. I made it to Rockhaven Cir. where 2 men changed my tire for me. I have →

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Mazda Miata 99 976 PAN Barbara Dick  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: road repair  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Sara Rayhorn 1585 Springbrook Dr Decatur GA 30033 770-6210940  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Barbara N. Dick  
Signature of Claimant

Barbara N. Dick  
(Print Claimant's Name)

1585 Springbrook Dr  
(Address)

Decatur, GA 30033  
(City, State and Zip Code)

770-6210940  
(Work Number) (Home Number)

# Atlantic Wheelwright Ind., Inc.

3822 Roswell Rd NE  
Marietta, GA 30062  
770-509-7587

# INVOICE

DATE INVOICE #

11/10/99

91093

## BILL TO:

Barbare Dick  
770-621-0940

P.O. NUMBER

TERMS

PROJECT

Retail

11/8/99

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	15 in -Mazda		0.00
1	Diagnosed for Repair	0.00	
1	Repair metal damage - (only) true / weld / lathe / machine	100.00	100.00
0	Refinish plus machine-work	105.00	0.00
0	Repair & refinish - Whole Wheel All metal-work and finish-work	175.00	
0	Additional Metalwork &/or Finishwork	35.00	
0	NEXT DAY SERVICE	30.00	
1	Tirework	15.00	15.00
1		0.00	
1		0.00	

*PD CK# 1681*

**00-R-1738**

Thank you for your business.

**TOTAL**

**\$115.00**